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V.

UNITED STATES OF AMERICA.

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IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEVADA

Plaintiff,

In Equity No. C-125-ECR Subfile No. C-125-B

WALKER RIVER PAIUTE TRIBE.

Plaintiff-Intervenor.

NOTICE OF CHANGE OF OWNERSHIP OF WATER RIGHT

WALKER RIVER IRRIGATION DISTRICT. a corporation, et al.,

Defendants.

The undersigned counter-defendant in the above action hereby notifies the Court and the United States that the undersigned (or the entity on whose behalf the undersigned is acting) has sold or otherwise conveyed ownership of all or a portion of a water right within one or more of the categories set forth in Paragraph 3 of the Case Management Order and provides the following information:

The name and address of the party or parties who sold or otherwise conveyed 1. ownership:

Ira S. & Zola L. Dykes, Trustees Trust Name(s)

> 2141 Cartwright Rd. Street or P.O. Box

NOTICE OF CHANGE OF WATER RIGHTS OWNERSHIP, page 1 of 3

Case	such a notice, but retains such water rights, shall nevertheless, be bound by the results of this 3:73-cv-00127-MMD-WGC Document 1132 Filed 03/07/07 Page 3 of litigation.
3	
4	Executed this 5 day of February 2007.
5	7 d. 110 h
6	John 2 Mykes
7	ZOLAL DYKES, SOLE [signature of counter-defendant]
8.	[signature of counter-defendant]
9	The Dykes Family Trust
10	Ira S. & Zola L. Dykes, Trustees
11	[name of counter-defendant]
12	
13	[signature, if applicable, of person acting on behalf of counter-defendant]
14	
15	
16	[name, if applicable, of person acting on behalf of counter-defendant]
17	Solidir of counter-defendant,
18	21/1 Continuista P.1
19	2141 Cartwright Rd. Reno, NV 89521
20	[address]
21	(775) 847-7471
22	[telephone number]
23	
24	
25 -	·
26	
27	
28 ]	NOTICE OF CHANGE OF WATER RIGHTS OWNERSHIP, page 3 of 3

## Case 3:73-cv-00127-MMD-WGC Document 1132 Filed 03/07/07 Page 4 of 8

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A.P.N. 001-611-08 & 001-611-09

RECORDING REQUESTED BY:

MAIL TAX STATEMENTS AND WHEN RECORDED, MAIL TO: Patricia Louise Riley, Trustee 1040 Comstack Rd. Hollister, 22 95023 DOC # 396976

12/12/2806 84:52 PM
OFFICIAL Record
Requested By
NORTHERN MEMORY TITLE
Lyon County - NV
RECORDER BY MILLIARD, Recorder



THIS SPACE FOR RECORDER'S USE ONLY

The undersigned grantor(s) declare(s):

Documentary transfer fax is \$1,813.50, computed on full value of property conveyed.

GRANT, BARGAIN, SALE DEED

That Ira S. Dykes and Zoia L. Dykes, Trustees of The Dykes Family Trust, dated December 6, 1996 in consideration of \$10.00 Dollars, the receipt of which is receipt an enoughed, do(es) hereby Grant, Bargain, Sell and Convey to Patricia Louise Ritey, Trustee of the Patricia Louise Ritey Revocable Trust all that real property in the County of Lyon, State of Nevada, bounded and described as follows:

See Exhibit "A" attached hereto and made a part hereof

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Dated: December 8, 2006

The Dykes Family Trust, dated December 6, 1996

y: Siec S. Wybee Ira S. Dykes, Trustee

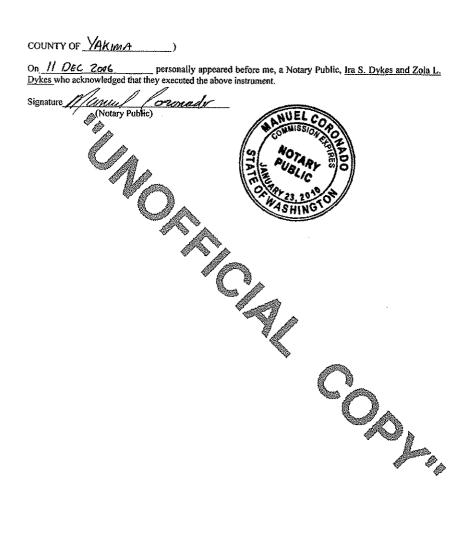
John J. Byker

## Case 3:73-cv-00127-MMD-WGC Document 1132 Filed 03/07/07 Page 5 of 8

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### Case 3:73-cv-00127-MMD-WGC Document 1132 Filed 03/07/07 Page 6 of 8

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12/12/2006

#### EXHIBIT "A"

All that certain real property situate in the County of Lyon, State of Nevada, described as follows:

#### Parcel 1:

All that certain land lying all in a portion of Section 15 Township 13 North, Range 25 East M.D.B.&M., being a portion of Parcel B, as shown on Parcel Map File No. 179978, of Lyon County Records and a portion of Parcel A2, as shown on Parcel Map File No. 192613, Lyon County Records, being described as follows:

Beginning at the Northerly most corner of Parcel B as shown on said Parcel Map File No. 179978; thence from said point of beginning and along the Easterly line of said Parcel B, South 20°58'07" East a distance of 599.40 feet; thence leaving said Easterly line, South 83°23'21" West a distance of 371.63 feet to the Northwest confer of Parcel A2, as shown on said Parcel Map File No. 192613; thence along the Westerly line of said Parcel A2, South 3°29'14" West a distance of 66.24 feet to an angle point along said Westerly line; thence continuing along said Westerly line, South 1°48'37" West a distance of 79.32 feet; thence leaving said Westerly line and along the Southerly most line of said Parcel B; North 89°28'49" West a distance of 384.63 feet to a point on the center line of the Walker River as shown on Parcel Map No. 48838 of Lyon County Records; thence along said center line of the Walker River North 35°04'24" East a distance of 325.98 feet to an angle point; thence continuing along said center line of the Walker River, North 37°52'10" East a distance of 352.44 feet to an angle point, thence continuing along the said center line of the Walker River, North 35°31'01" East a distance of 244.70 feet to the point of beginning.

#### Parcel 2:

All that certain land lying all in a portion of Section 15 Township 13 North, Range 25 East M.D.B.&M., being a portion of Parcel B, as shown on Parcel Map File No. 19978, of Lyon County Records and a portion of Parcel A2, as shown on Parcel Map Rile No. 192613, Lyon County Records, being described as follows:

Beginning at a point along the Northerly right of way of Goldfield Avenue, also being the Southwest corner of Parcel A2 as shown on said Parcel Map File No. 192613; thence from said point of beginning and along the Westerly line of said Parcel A2 North 0°39' 19" East a distance of 236.81 feet to an angle point, thence continuing along said Westerly line, North 89°28' 49" Westerly distance of 12.50 feet to an angle point, thence continuing along said Westerly line, North 1°48' 3" East a distance of 79.32 feet to an angle point; thence continuing along said Westerly line, North 3°29' 14" East a distance of 66.24 feet to the Northwest corner of said Parcel A2; thence from said Northwest corner of Parcel A2, North 83°23' 21" East a distance of 371.63 feet to a point of intersection with the Easterly line of said Parcel A2; thence from said point of intersection and along the Easterly line of said Parcel A2, South 20°58' 07" East a distance of 214.43 feet to the

Continued . . .

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12/12/2006 004 of 4

Exhibit "A" Continued

Easierry must point of said parter A2, distince from said point, doubt 37, 33, 27, west a distance of 145.27 feet to an angle point; thence from said angle point, South 48°08'24" West a distance of 223.32 feet to a point of intersection with the Northerly right of way of Goldfield Avenue; thence from said point and along the Northerly right of way of Goldfield Avenue, North 89°09'54" West a distance of 153.71 feet to the point beginning.

Legal description appeared previously in Document No. 264971, recorded on August 22, 2001

Official Records of Lyon County Nevada.

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Ira S. DYKES  Sex Mer)   4a Age - Last Benday   4b Under 1 Year   6c Under 1 Opy   5 Social Security Number   447-12-5547   Yak Jima   8	Tra S. DYKES  12-16-2006  13-sec perior   Max Ago - Lest standay to the profit of the	Loca	File Number 1669	Washington St	tate Certificate of Death		Handson San San San San San San San San San Sa
3. Sec (Net) B. A Age - Lus Brondy B. Update 1. Dec. Sec. Sec. Sec. Sec. Sec. Sec. Sec. S	See party   1.5 Apr - test stroking by 1.5 Months   1.5		· ·			2: Death Date	ber·
March   Some	March   Sample   Charles				YKES	12-16-2006	
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ventricular florilation without showing the eliology. DO NOT ABBREVITE. Add additional lines if necessary.    MMEDIATE CAUSE (Final disease or condition resulting in death)	Ventricular fibrillation without showing the etiology. Do NOT ABBREVATE. and additional fibers of necessary.   MMEDIATE CAUSE (Final designs or condition resulting in death)   3.   Manual between the property of the cause interest of the cause of			- Helia) (AR)	umaker O		
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35. Other significant conditions contributing to death but not resulting in the underlying cause given above  36. Autopsy? 37. Were autopsy findings available complete the Cause of Death?  37. Were autopsy findings available complete the Cause of Death?  38. Manner of Death  39. If female  CNONatural   Homicide   Not pregnant within past year   Not pregnant within 42 days before death   Obdit obacco use contribute to death?   Not pregnant within past year   Not pregnant within 42 days before death   Obdit obacco use contribute to death?   Ves   No   Obditional objects   Obje	35. Other significant conditions contributing to death but not resulting in the underlying cause given above  36. Autopsy?  37. Were autopsy findings available complete the Cause of Death?  38. Manner of Death  39. If female  Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Not pregnant, but pregnant 43 days to 1 year before death Not pregnant within the past year    Not pregnant within the past year   Not pregnant 43 days to 1 year before death   Yes   Probably   Yes   Probably   Yes   Probably   Yes   Probably   Yes   Probably   Yes   Probably   Yes   Not pregnant within the past year   Not pregnant within the past year   Not pregnant within the past year   Yes   Probably   Yes   Probably   Yes   Not pregnant within the past year   Yes   Probably   Yes   Not pregnant within the past year   Yes   Probably   Yes   Not   Not pregnant within the past year   Yes   Probably   Yes   Not pregnant within the past year   Yes   Probably   Yes   Not   Not   Yes   Yes   Yes   Yes   Yes   Yes   Not   Yes	đ	feath)LAST	<u>c</u>	Due to (or as a consequence of	():	
38. Manner of Death    Yes   No   No   No   No   No   No   No   N	38. Manner of Death 39. If female 39. Month pregnant within past year 30. Decedent's home, construction site, restaurant, wooded area; 30. Month pregnant within past year 31. No. Month pregnant within past year 32. Month pregnant within past year 33. Probably 34. Location of Injury; Number & Street: 35. Decedent's home, construction site, restaurant, wooded area; 36. Describe how injury occurred 37. If transportation injury, specify; 38. Decedent's home, construction site, restaurant, wooded area; 38. Mall No. 39. No. Month pregnant within past year 39. Decedent's home, construction site, restaurant, wooded area; 40. Dit past before death 41. Injury at Work? 42. Hour of Injury; Well Work? 43. Place of Injury; No. Month past year 44. Injury at Work? 45. Location of Injury; No. Month past year 46. Describe how injury occurred 47. If transportation injury, specify: 48. Describe how injury occurred 48. Describe how injury occurred 49. Name and Address of Certifier - Physician, Medical Examiner of Coroner 49. No. Month past year 40. Describe how injury occurred 49. Name and Address of Certifier - Physician injury occurred 49. Name and Address of Certifier - Physician injury occurred 49. Name and Address of Certifier - Physic	3	5. Other significant conditions contrib	d.			, mervar detween Onset & De
Sale	St. Manner of Death   St. Medical Examiner of Death   St. Me	<b>=</b> 11		but not resulting in the	underlying cause given above	1 1	37. Were autopsy findings available
Mot pregnant within past year   Not pregnant within 42 days before death   Address   Probably   Not pregnant at time of death   Not pregnant within 42 days before death   Not pregnant at time of death   Not pregnant within 42 days before	Mot pregnant within past year   Not pregnant within 42 days before death   Not pregnant 43 days to 1 year before death   Yes   Probably   Yes   Probably   Not pregnant within the past year   Not past year   Not pregnant within the past year   Not pregnant within the past year   Not past year   Not pregnant within the past year   Not past year   Not pregnant within the past year   Not pregnant within the past year   Not past yea		8. Manner of Death	39 if famels		☐ Yes 🖸 No	
Suicide   Pending   Other pregnant within the past year   Yes   Probably   Unknown in pregnant within the past year   A4. Injury at Work?   Yes   No   Unknown   A5. Location of Injury: Number & Sireet:   A5. Location of Injury: Number & Sireet:   A6. Describe how injury occurred   A7. If transportation injury: specify:   Driver/Operator   Pedestrian   Passenger   Other (Specify)    48a. Certifying Physician.   A8b. Medical Examiner of Oxforing   A6. Describe how injury occurred   A6. Describe how injury occurred   A7. If transportation injury: specify:   Driver/Operator   Pedestrian   Passenger   Other (Specify)    49. Name and Address by Certifier - Physician, Medical Examiner of Oxforing   A6. Describe how injury occurred   A6. Describe how injury occurred   A6. Describe how injury occurred   A7. If transportation injury: specify:   Driver/Operator   Pedestrian   Passenger   Other (Specify)    49. Name and Address by Certifier - Physician, Medical Examiner of Oxforing   A6. Medical Examiner/Coroner   A6. Describe how injury occurred   A6. Describe how injury occurred   A6. Describe how injury occurred   A7. If transportation injury: specify:   Driver/Operator   Pedestrian   Passenger   Other (Specify)    49. Name and Address by Certifier - Physician if other than Certifier   A6. Describe how injury occurred   A6. Describe how injury occurred   A7. If transportation injury: specify:   Driver/Operator   Pedestrian   Driver/Operator   Pedestrian   Driver/Operator   Describe how injury occurred   A6. Describe how injury occurred   A7. In transportation injury: specify:   Driver/Operator   Describe how injury occurred   A6. Describe how injury occurred   A6. Describe how injury occurred   A7. In transportation injury: specify:   Driver/Operator	Succide   Pending   Unknown if pregnant 43 days to 1 year before death   Yes   Probably   Unknown if pregnant within the past year   Yes   No   Mork?   Yes   No   Unknown if pregnant within the past year   Yes   No   Unknown if pregnant would within the past year   Yes   No   Unknown if pregnant would within the past year   Yes   No   Unknown if pregnant would within the past year   Yes   No   Unknown if pregnant would within the past year   Yes   No   Unknown if pregnant would within the past year   Yes   No   Unknown if pregnant would within the past year   Yes   No   Unknown if yes   Yes   No   Unknown if year   Yes   No   Unknown if year   Yes   No   Unknown if year   Yes   No   Un	E X	☑KNatural ☐ Homicide	Not pregnant within past year	☐ Not pregnant, but pregnant v	within 42 days has a second	40. Did tobacco use contribute
45. Location of Injury: Number & Sireet:  City or Town:  Api No.  County:  State:  Zip Code+ 4:  47. If transportation injury, specify: Driver/Operator   Pedestrian Passenger   Other (Specify)  48a. Certifying Physician-  Api No.  48b. Medical Examiner/Coroner  48b. Medical Examiner/Coroner  49. Name and Address of Certifier - Physician, Medical Examiner or Coronant (24hrs)  50. Hour of Death (24hrs)  51. Name and Title of Attending Physician   other than Certifier (1798)   12 / 18 / 06  M. D.  57. Registrar Signature  58. Date Received (MM/DD/YYYY)  58. Date Received (MM/DD/YYYY)  58. Date Received (MM/DD/YYYY)	45. Location of Injury: Number & Street:  City or Town:  County:  County:  State:  City or Town:  46. Describe how injury occurred  April It transportation injury. specify: Driver/Operator Passenger  Other (Specify)  A8a. Certifying Physician.  A8b. Medical Examiner/Coroner  X  A9. Name and Address of Certifier - Physician, Medical Examiner or Cotonian Affirm  Patrick Waber 1020 S 40th Assertion Affirm  St. Name and Title of Attending Physician if other than Certifier Injury St. Date Signed (MANDDOTYTY)  51. Name and Title of Attending Physician if other than Certifier Injury St. Date Signed (MANDDOTYTY)  53. Title of Certifier M. D.  54. License Number  S5. Mis Coroner File Number  S6. Was case referred to ME/Coroner?  T2 / 18 / 06  S7. Registrar Signature  S8. Date Received (MANDDOTYTY)  S9. Amendments	plete	Suicide Pending		LJ NOt pregnant, but pregnant 4	13 days to 4 years before 1	
45. Location of Injury: Number & Street:  City or Town:  46. Describe how injury occurred  County:  State:  Zip Code+ 4:  47. If transportation injury, specify: Driver/Operator   Pedestrian   Passenger   Other (Specify)  48a. Certifying Physician-  48b. Medical Examiner/Coroner  49. Name and Address of Certifier - Physician, Medical Examiner or Coroner    49. Name and Title of Attending Physician   Other than Certifier (yps.press)    50. Hour of Death (24hrs)   04.04  You have and Title of Attending Physician   Other than Certifier (yps.press)    51. Name and Title of Attending Physician   Other than Certifier (yps.press)    52. Date Signed (MM/DD/YYYY)    53. Title of Certifier   M.D.  54. License Number   55. Date Received (MM/DD/YYYY)    56. Was case referred to ME/Coroner?   Yes   No	45. Location of Injury: Number & Street:  City or Town:  46. Describe how injury occurred  47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)  48a. Certifying Physician.  48b. Medical Examiner/Coroner  X  49. Name and Address of Certifier - Physician, Medical Examiner of Octobrant Figure, Patrick Waber 1020 S 40th Asserting Steel Fakima WA 98908 S2. Date Signed (MANDDOTYTY)  51. Name and Title of Attending Physician if other than Certifier Physician if other than Certifier S4. License Number  53. Title of Certifier M. D.  54. License Number  55. Was case referred to ME/Coroner?  57. Registrar Signature  58. Date Received (MANDDOTYTY)  59. Amendments	m [		2. Hour of Injury (24hrs) 43. Place	a of Injury (e.g., Decedent's home, cons	ne past year struction site, restaurant, wooded ar	
46. Describe how injury occurred  47. If transportation injury, specify.    Driver/Operator   Pedestrian     Passenger   Other (Specify)  48b. Medical Examiner/Coroner  X  49. Name and Address of Certifier - Physician, Medical Examiner or Coronant   Certifier     Patrick Waber 1020 S 40th     Steel	46. Describe how injury occurred  47. If transportation injury, specify:    Driver/Operator   Pedestrian     Passenger   Other (Specify)  48a. Certifying Physician-  48b. Medical Examiner/Coroner  50. Hour of Death (24hrs) 0 4 0 4  Your Maher 10 20 S 40 4  Your Maher 10 20 S 4  Y	C 4:	5. Location of Injury: Number & Street				☐ Yes ☐ No ☐ Unk
47. If transportation injury, specify:    Driver/Operator   Pedestrian     Passenger   Other (Specify)     A8a. Certifying Physician.    A8b. Medical Examiner/Coroner     A8b. Medical Examiner/Coroner	48a. Certifying Physician  48b. Medical Examiner/Coroner  X  49. Name and Address of Certifier - Physician, Medical Examiner or Coronan  Patrick Waber 1020 S 40+ Author Steeler Steel	E C	ity or Town;	County			Apl No.
48a. Certifying Physician.  48b. Medical Examiner/Coroner  50. Hour of Death (24hrs)  0 4 0 4  51. Name and Title of Attending Physician if other than Certifier Type of The Coroner follows the Coroner f	A8a. Certifying Physician  A8b. Medical Examiner/Coroner  X  49. Name and Address or Certifier - Physician, Medical Examiner or Coronant Antiques  Patrick Waber 1020 S 40 th	Γ,	v. Describe now injury occurred				ip Code+ 4:
48b. Medical Examiner/Coroner  49. Name and Address of Certifier - Physician, Medical Examiner or Cotorian The Higher Coroner  Patrick Waber 1020 S 40th Stephan Steph	48b. Medical Examiner/Coroner  49. Name and Address of Certifier - Physician, Medical Examiner of Octonant (24hrs)  Patrick Waber 1020 S 40+					☐ Driver/Operato	r Pedestrian
A9. Name and Address of Certifier - Physician, Medical Examiner or Coronant Assertion (24hrs)  Patrick Waber 1020 S A0th  51. Name and Title of Attending Physician if other than Certifier (786) B7)  Std A Yakima WA 98908  52. Date Signed (MM/DDYYYY)  53. Title of Certifier  M. D.  54. License Number  55. Was case referred to ME/Coroner?  For Registrar Signature  56. Date Received (MM/DDYYYY)	A9. Name and Address bi Certifier - Physician, Medical Examiner or Octorians (1998)  Patrick Waber 1020 S 40t	48	a. Certifying Physician-	1	48b. Medical Exami	Passenger	Other (Specify)
51. Name and Title of Attending Physician if other than Certifier Type 1. 80. Four or Death (24hrs)  51. Name and Title of Attending Physician if other than Certifier Type 1. 80. Four or Death (24hrs)  52. Date Signed (MM/DD/YYYY)  53. Title of Certifier M. D.  54. License Number   56. Was case referred to ME/Coroner?  57. Registrar Signature   58. Date Received (MM/DD/YYYY)	51. Name and Title of Attending Physician if other than Certifier Type 12 Yakima WA 98908  52. Date Signed (MM/DD/YYY)  53. Title of Certifier M. D.  54. License Number  55. Registrar Signature  X  Manual  58. Date Received (MM/DD/YYY)  59. Amendments	×	PIANI	, water	And Description of the State of	y managerew (f °	
51. Name and Title of Attending Physician if other than Certifier Type 1. 80. Four or Death (24hrs)  51. Name and Title of Attending Physician if other than Certifier Type 1. 80. Four or Death (24hrs)  52. Date Signed (MM/DD/YYYY)  53. Title of Certifier M. D.  54. License Number   56. Was case referred to ME/Coroner?  57. Registrar Signature   58. Date Received (MM/DD/YYYY)	51. Name and Title of Attending Physician if other than Certifier Type 12 Yakima WA 98908  52. Date Signed (MM/DD/YYY)  53. Title of Certifier M. D.  54. License Number  55. Registrar Signature  X  Manual  58. Date Received (MM/DD/YYY)  59. Amendments	49	Name and Address of Certifier - Ph	ysichen, Medical Examiner ou CdrAria	nd Francisco		
52. Date Signed (MM/DD/YYY)  53. Title of Certifier M. D.  54. License Number  55. Was case referred to ME/Coroner?  57. Registrar Signature  58. Date Received (MM/DD/YYY)	53. Title of Certifier M. D.  54. License Number  55. Registrar Signature  56. Was case referred to ME/Coroner?  57. Registrar Signature  58. Date Received (MMODAYYYY)  59. Amendments  59. Amendments	51	Patriok Waham .	4 0 0 0 0	Stalls	50	
53. Ittle of Certifier M. D.  54. License Number  55. Was Coroner File Number  56. Was case referred to ME/Coroner?  Yes & No  X. Mary Many Many Many Many Many Many Many Man	53. Ittle of Certifier M. D.  54. License Number  55. Registrar Signature  X Well  59. Amendments  54. License Number  56. Was case referred to ME/Coroner?  58. Date Received (MM/OD/YYYY)  59. Amendments	L.	ZENIMA VA	an it other than Certifier Myse	N A CARAMA	a WA 98908   5	
57. Registrar Signature  Yes No  X Month March M	57. Registrar Signature  X Ward Marchael Departments  S8. Date Received (MMODAYYYY)  59. Amendments  12-18-2006	53		54. License Number	55. MB Coroner Si		12/18/06
Mary Marchael Se. Date Received (MMCDDYYY)	58. Date Received (MMODRYYYY) 59. Amendments 12-18-2006	57				56, Was	
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	DOI-FOIT-003 (Flash	X 59.	Amendments / Max	which Debit	4 Percentar	12-18	3-2006